

Request to Waive the Requirement for Certified Plans and Specifications

(For chemical feed system changes, replacement of pumps, or filters ONLY)

Return to: Iowa Department of Public Health

Swimming Pool Program 321 East 12th Street Des Moines, IA 50319 Phone: (515) 281-8722

Fax: (515) 281-4529

This form shall be completed by the facility owner or the facility owner's authorized representative.						
Owner Name:						
Owner Address:						
City:	State:		Zip:			
Facility Name:						
Facility Address:						
City:	State	: IA	IA Zip:		County:	
Authorized Representative (please print):						
Contact Phone:	ct Phone: Contact E			mail:		
Pool or Spa Surface Area (ft²):				Volume (gls):		
Scope of work limited to:						
Chemical Feed Pump				Filter		
Registration Number (if previously registered):						
 I request that the department waive, as allowed under 15.5(2)"a", the requirement for plans and specifications to be sealed and certified by an engineer or architect licensed in lowa. I certify that the project is limited to the addition or replacement of a chemical feed system, including a disinfection system, or a simple replacement of a filter or pump or both. I assume full responsibility for ensuring that the reconstruction complies with the lowa Swimming Pool and Spa (Chapter 15) rules and with any other applicable federal, state and local laws, rules, and ordinances. I certify under penalty of perjury and pursuant to the laws of the state of lowa that the preceding is true and accurate. 						
Signature of Owner/Authorized Representative: Date:						

FOR DEPARTMENT USE ONLY

Waived:

Denied:

Construction Application Received: